

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN345AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2009
NAME OF PROVIDER OR SUPPLIER RIVERHAVEN RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 727 RIVERSIDE DR RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/2/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 35 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was 18. Ten resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/2/09, the facility failed to ensure 1 of 6 employees completed an</p>	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	Continued From page 2 toasters, etc.) did not meet commercial NSF code and must be removed or replaced. - The dishwasher machine was not operating properly, use the three compartment sink until it is repaired. Severity: 2 Scope: 3	Y 255			
Y 532 SS=C	449.260(1)(g)(1)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least a month in advance. (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on observation and interview on 6/2/09, the administrator had not posted a monthly calendar listing at least 10 hours a week of activities that would occur in the facility. Severity: 1 Scope: 3	Y 532			
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused	Y 883			

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Y 883	<p>Continued From page 3 or missed.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 6/2/09, the facility did not ensure physician notification after a resident refused or missed a medication was made within 12 hours for 1 of 10 residents (Resident #9).</p> <p>Severity: 2 Scope: 1</p>	Y 883			

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